



Application Data Sheet

Application Information

Application number:: 10/713,244
Filing Date:: 11/13/03
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R??::
Number of CD disks::
Number of copies of CDs::
Sequence Submission::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: MEDICAL DEVICES HAVING POROUS LAYERS
AND METHODS FOR MAKING SAME
Attorney Docket Number:: 021258-001310US
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 3
Small Entity?:: Yes
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers One::
Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: WHYE-KEI
Middle Name::
Family Name:: LYE
Name Suffix::
City of Residence:: Charlottesville
State or Province of Residence:: VA
Country of Residence:: US
Street of Mailing Address:: 1060 Ramblewood Place
City of Mailing Address:: Charlottesville
State or Province of mailing address:: VA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 22901

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: KAREEN
Middle Name::
Family Name:: LOOI
Name Suffix::
City of Residence:: Charlottesville
State or Province of Residence:: VA
Country of Residence:: US
Street of Mailing Address:: 1060 Ramblewood Place
City of Mailing Address:: Charlottesville
State or Province of mailing address:: VA

Country of mailing address:: US
Postal or Zip Code of mailing address:: 22901

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: MICHAEL
Middle Name:: L.
Family Name:: REED
Name Suffix::

City of Residence:: Charlottesville
State or Province of Residence:: VA
Country of Residence:: US
Street of Mailing Address:: 2181 Whipporwill Road
City of Mailing Address:: Charlottesville
State or Province of mailing address:: VA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 22901

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/426,106	11/13/02

Foreign Priority Information

Country::

Application number::

Filing Date::